Only

PAGE 1 / 8 =

FEC FORM 1			RGANI						Offic	e Use On	h,		•
NAME OF     COMMITTEE (in	full)		Check if name changed)		nple:If typing, the lines.	, type	12F	E4M5		e Use On	У		
SCHMITT I				J		<u>                                     </u>							
ADDRESS (number a	nd street)	101 W AF	RGONNE DR, #2	24									
		SAINT LO	DUIS 				MO STATE	_ E ▲	63122			E▲	
COMMITTEE'S E-MA	AL ADDRE	SS											
(Check if a is changed		complia	ance@henry	alan.com									
		Optional :	Second E-Mail	Address	1 1 1 1	1 1 1 1	1 1	1 1	1 1		1 1	1 1	. 1
COMMITTEE'S WEB  (Check if a is changed	address	•	rSenate.com										
2. DATE 12			Y										
3. FEC IDENTIFIC	CATION N	JMBER ▶	С	C0077501									
4. IS THIS STATEM	MENT	NEW	(N) OR	×	AMENDE	ED (A)							
I certify that I have e	examined th	nis Statemer	nt and to the b	est of my k	nowledge and	d belief it	is true,	correc	t and c	omplete			
Type or Print Name	of Treasure	r PHILLIPS	S, ROBERT, , , I	II									
Signature of Treasure	er <i>PHIL</i>	LIPS, ROBER	T, , , III		Electronically	Filed]	Date	12	M /	19	/ Y	2022	Y
NOTE: Submission of	false, erron		omplete informat NGE IN INFOF							enalties c	of 52 U.	.S.C. §	30109
Office Use					For further info Federal Election Toll Free 800-42	n Commissio				EC F			

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate SCHMITT, ERIC, , ,	
	Candidate Party Affiliation REP Office Sought: House  Senate President	State MO District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	janization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	<b>;</b> ).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

_	FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
V	Vrite or Type Committee Name			
	SCHMITT FOR			
6.		rganization, Affiliated Committee, Joint Fundraising Re te Republican Nominee Fund 2022	presentative, or Leade	rship PAC Sponsor
		Te republican Normine Fund 2022		
	Mailing Address	PO Box 9891		
		Arlington	VA 22219	<u> </u>
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundrais	sing Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position	n of the person in posses	ssion of committee
	PHILLIPS,	ROBERT, , , III		
	Full Name			
	Mailing Address	101 W ARGONNE DR, #24		
		SAINT LOUIS	MO 63122	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone n	number 202 - [	866   -   8229
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of tassistant treasurer).	the committee; and the r	name and address of
	Full Name PHILLIPS,	ROBERT, , , III		
	of Treasurer			
	Mailing Address	101 W ARGONNE DR, #24		
		SAINT LOUIS	MO 63122	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone n	number 202 - [	866   -   8229

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in vintains funds.	which the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depository,	etc.		
THE H	IUNTINGTON NATIONAL BANK	(	
Mailing Address	17 S HIGH ST		
	COLUMBUS	OH	43215
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Chain	Bridge Bank		
Mailing Address	1445‐A Laughlin Avenue		
	McLean	VA VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Funds S COMMITTEE	draising Representativ	e, or Leadership PAC Spons
Mailing Address	1305 W 11TH STREET		
Ü	#213		
	HOUSTON	TX	77008
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		Leadership PAC Sp
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or marked the second of Bank, depository, etc.	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A  pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1 2 3 4				FEC ID		C
3					number	0
4.				FEC ID	number	С
				FEC ID	number	C
				FEC ID	number	С
Name of A	Any Connected C	rganization, Affiliat	ed Committee, Joint	Fundraising Rep	esentative	e, or Leadership PAC Spons
MISSO	DURI SCHMI	TT VICTORY	COMMITTEE 20	22	1 1 1	
Mailin	ng Address	101 W ARGONNE	DR 			
		#24				
		SAINT LOUIS		, , , , <b>,</b> ,	MO	63122
Relati	ionship:		CITY A		STATE A	ZIP CODE ▲
Full Na		J	phone number – option			
	Address	1				
· ·						
			CITY A		TATE A	ZIP CODE ▲
TITLE	OR POSITION \		1			1 1 1 1
				Telephone Nu	mber L	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b> r			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	SENATE		
Mailing Address	PO BOX 9891		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or ma	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor difety deposit boxes or maintenance of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or ma	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor difety deposit boxes or maintenance of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	draising Representative	e, or Leadership PAC Spons
PO BOX 13026		
Austin	TX	78711
CITY A	STATE ▲	ZIP CODE ▲
tify by name, address (phone number - optional)		
tify by name, address (phone number – optional)		
tify by name, address (phone number – optional)		
tify by name, address (phone number – optional)		
tify by name, address (phone number – optional)	STATE A	ZIP CODE A
	PO BOX 13026  Austin  CITY	ed Organization, Affiliated Committee, Joint Fundraising Representative ORY COMMITTEE  PO BOX 13026  Austin  CITY  STATE